#3148 P. 001/003

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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Email Address:

## FLORIDA LIMITED LIABILITY CO.

6701 SW 64 AVE LLC

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03
\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The hame	I - Name: of the Limited Liab	ility Company is: (Must end with the word	45 "Limited Liability Comro	75.4
"L.L.C" or "LL	ツ/	W 64 AVE		uig,
	III - Address:  g address and stre s:  6700	et address of the principal office of		ity
-	MIAM	j FL 33/26		
The name	and the Florida str	Agent, Registered Office: eet address of the registered agent stered Agent. You must designate an individu	: ATC: (The Limited Liab ual or another business e	bility entity
· •	6700 min	NW 12 STRE	26 29	OLANO SECTION
ARTICLE The name Liability C	and title of each pe	rson authorized to manage and co	ntrol the Limited	CRETARY OF ST
<u>-</u>	Julio	DEL REY (	AMBR	STATE DRATION
	DANIE	LE E. DEA (	AMBR)	
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## Required Signatures:

'Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (a) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

Typed or printed name offsignee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Registered Agent's Signature (REQUIRED)

SECRETARY OF SIATE

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